	PATENT A	APPLICATIO Effect	RD		EYE	_	10	3					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			18				R	ATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/8 minus 20=		. 0		X	\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		. 2		X	40=	80	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT										OR	+270=		
* If the difference in column 1 is less than zero, enter						olumn 2		OTAL	435	j	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
	(Column 1) (Column 2) (Column 3)							IALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	x	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	5 61 414	=	X	40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=		
	·							TOTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADD	IT. FEE			AUUII. PEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	×	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	F OL A 184	=	X	40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=		
	(Column 1) (Column 2) (Column 3)									OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T OL 4114	=	X	40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=		
	If the entry in colu	<u> </u>	TOTAL			TOTAL							
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												L	

Application or Docket Number